## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



or <u>Fax</u>

(703) 746-4000

| INSTRUCTIONS: This form should be used for transmitting the ISSUE appropriate. All further correspondence including the Patent, advance order                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FEE and     | PUBLICATION of mar | N FEE (if i<br>intenance fe | equire<br>es will | d). Block | ks i ti | rough  | 5 sho | ould b | be con | npleted v | where  |
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| indicated unless corrected below or directed otherwise in Block 1, by (a) si                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | pecifying a | a new correspo     | ndence add                  | ress; ai          | nd/or (b) | indica  | ting a | separ | ate "F | EE A   | DDRESS    | S" for |
| maintenance fee notifications.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |                    |                             |                   |           |         |        |       |        |        |           |        |
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| maintenance fee notification                                                                                                                                                                                                                  |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                                                                                                                                                                  |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                     | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                                                                                |                                                                                          |                                                                            |  |
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M<br>is Fee(s) Tra<br>with sufficient<br>Stop ISSUI<br>TO (703) 746 | ailing or Trans usmittal is being postage for fir FEE address 4000, on the d                   | mission g deposited with st class mail in above, or bein late indicated be               | the United<br>an envelope<br>ag facsimile                                  |  |
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| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| PTO/SB/47; Rev 03-02<br>Number is required.                                                                                                                                                                                                   | or more recent) attached. Use                                                                                                                 | of a Customer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2 registered<br>listed, no na                                                                                                                                                                                       | patent a<br>ime will                                                                                                                                                                                                                                                                          | ttorneys or agents. If<br>be printed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | no name is                                                                      | 3 Dunner                                                                                       | <u>, L.L.P.</u>                                                                          |                                                                            |  |
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| PLEASE NOTE: Unless recordation as set forth in                                                                                                                                                                                               | s an assignce is identified be<br>n 37 CFR 3.11. Completion                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                                                             | ) UDCIENCE V                                                                                   | 0001F1 835                                                                               |                                                                            |  |
| Pirelli Pne                                                                                                                                                                                                                                   |                                                                                                                                               | (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Milano, Italyo FC: 1504  03 FC: 8001  OTHER STATE OF COUNTRY AND STATE |                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                                                                                |                                                                                          |                                                                            |  |
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                                                             | other private gr                                                                               | oup entity 🔲                                                                             | Jovernment                                                                 |  |
| 4a. The following fee(s) are                                                                                                                                                                                                                  | enclosed:                                                                                                                                     | 4b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Issue Fee                                                                                                                                                                                                                                     |                                                                                                                                               | 35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Publication Fee (No small entity discount permitted)  Advance Order - # of Copies                                                                                                                                                             |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by/charge/the required fects), or credit any overpayment Deposit Account Number 06-0916 (enclose an extra copy of this form). |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                                                                                |                                                                                          |                                                                            |  |
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                                                             | status. See 37 C                                                                               | FR 1.27(e)(2).                                                                           |                                                                            |  |
| The Director of the USPTO                                                                                                                                                                                                                     | is requested to apply the Issu<br>Publication Fee (if required) vords of the United States Pate                                               | e Fee and Publicat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Authorized Signature                                                                                                                                                                                                                          | M/V                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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